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ABSTRACT

This newsletter theme issue features articles on training of direct service staff working with persons with developmental disabilities in employment, education, and residential settings. The articles examine job training, delivery systems, training models, and implications of current approaches. The newsletter includes three articles presenting the perspectives of parents, persons with developmental disabilities, and direct service staff. Articles have the following titles and authors: "Training Challenges for the 1990s" (Teri Wallace and David R. Johnson); "Direct Service Training: Enhancing Quality through Core Competencies" (Amy Hewitt); "A View from the Inside: Direct Service Staff Discuss Training" (Sheryl A. Larson); "Parents Speak Out about Staff Training Needs"; "Respect: What Consumers Want from Direct Care Staff" (Michol Ann Jensen); "Training for Impact" (Torry Piazza Templeman and Joyce M. Peters); "Training for Paraprofessionals in Educational Settings: A National Perspective" (Anna Lou Pickett); "Training of Educational Paraprofessionals: A Success Story" (Andrea Upin et al.); "Vocational Direct Service Staff: A New Training Frontier" (William E. Kiernan and Orv C. Karan); "Creating the Right Conditions for Learning" (Jim McCaul); "Training for Personnel in Residential and Community Services" (Bob Prouty); "Competency Based Training in Action"; "From Vision to Reality: The UAP (University Affiliated Programs) Role in Training of Direct Service Staff" (Karen L. Middendorf); "The North Dakota Statewide MR/DD (mental retardation/developmental disabilities) Staff Training Program" (Demetrious Vassiliou); "Impact of North Dakota's Statewide Training: A Provider's Critique" (Mike Haring and Deb Johnson); and "Cooperative Training Efforts: A County Board and Community College" (Jeffrey J. Bassin and Marlene Hanks). A 20-item resource list of organizations and newsletters, resource guides, manuals, journal articles and books are also included. A list of the members of the National Outreach Training Directors' Council of the American Association of University Affiliated Programs is attached. (DB)

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Feature Issue on Training of Direct Service Staff **Volume 5 (1) Spring, 1992**

Providing quality services to persons with disabilities requires a team effort of not only paraprofessionals and professionals, but also parents, such as Brenda Walton, a member of the ARC African-American Mothers Support Group (see page 6).

Training Challenges for the 1990s

by Teri Wallace and David R. Johnson

Changes in attitudes, values, legislation, and public policy over the past two decades have led to rapid expansion of community services for individuals with disabilities and their families. With this change in services has come dramatic growth in the employment of direct service staff by community programs. Training of these staff members is a topic of concern among policymakers, service providers, administrators, families, and direct service staff themselves.

Several recent studies have identified issues associated with training for direct service personnel. Among the most pressing are the following:

- Direct service staff are often the least trained and experienced even though they often represent the largest number of persons employed in service programs.
- Training competencies and needs are not sufficiently understood or documented, and a lack of consensus on training standards and requirements exists.
- Training is unavailable to large numbers of direct service personnel because it is still centralized.

1990s, continued on page 22

From the Editors:

Direct service staff, teacher's aides, paraprofessionals, instructional assistants, paraeducators, residential counselors, job coaches, program managers, employment specialists. These personnel have many titles, but one thing in common: they function in critical roles for which they receive limited and often unstructured training.

This issue of IMPACT focuses on direct service staff working with persons who have developmental disabilities in employment, education, and residential settings. It examines the training they receive for their jobs, systems by which it is delivered, models for improving training practices, and the implications of current approaches. In addition, three articles share perspectives seldom heard: the views of parents, persons with developmental disabilities, and direct service staff regarding training needs.

Direct service staff constitute one of our most important personnel groups, directly impacting the quality of services to persons with developmental disabilities. By addressing the concerns voiced in these pages, we can ensure that they have the expertise necessary to successfully perform their jobs.

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Direct Service Training: Enhancing Quality Through Core Competencies

by Amy Hewitt

Just two decades ago most people with mental retardation/developmental disabilities (MR/DD) lived in institutions or spent their days at home with family members. Opportunities to participate in a free education or to live and work within the community were uncommon. Today, all people with MR/DD have a legal right to a free education, the majority live in their local communities, and increasing numbers work in community employment settings. This growth in opportunities has yielded a service industry that provides community educational, vocational, and residential services to persons with MR/DD, and that employs over one million people, most working in direct service positions.

While community services may have initially been viewed as good because they were an alternative to institutions, today increasing pressure is applied to evaluate whether community services actually enhance the quality of life for persons with MR/DD. Studies suggest that staff training and competence are critical to providing high quality services. Therefore, in delivering educational, vocational, and residential services, we need to assure that direct service personnel have the skills necessary to do their jobs. The questions then become, "What are direct service training needs?" and "How do we best deliver training to people who work in direct service positions?"

In the past, state and federal regulations, existing training materials, and availability of trainers and money guided what training would be provided and by whom. These approaches, however, resulted in a training system that is incomplete, slow to change, and that ignores basic training needs. Furthermore, in the current system trainers are expected to provide training to direct service personnel who are undereducated (little or no formal education or experience in the field of MR/DD), and who often leave their positions within one year. These factors combine to make training difficult.

Today, we need to take a more proactive approach to determining direct service training needs and to providing training. People in all areas of the MR/DD service industry need to begin to think together about direct service training. One way to do this is to focus on core competencies.

■ Training Needs: Core Competencies

Core competencies are training needs that are universal across educational, vocational, and residential services and that apply to direct service personnel working with people of all ages and levels of disability. The provision of training that focuses on identified core competencies would enhance the quality of services provided to consumers, decrease the costs of training for individual providers, and provide the opportunity to create a truly transdisciplinary service delivery system.

Researchers at the University of Minnesota's Institute on Community Integration have identified core competencies for direct service staff members across educational, vocational, and residential settings. Several strategies were used in this process, including interviews with direct service personnel and their supervisors; focus group meetings with a variety of professionals interested in training issues; written surveys of agencies providing staff training; and review of research articles, federal and state training regulations, accreditation standards, and other written materials that outline competencies or training needs for direct service staff members in each setting type. The investigations revealed more than 128 training needs in educational settings, 118 in vocational settings, and 268 in residential settings. The comprehensive list of training needs identified for each setting was further organized into categories. Training needs that appeared on all three lists were examined to identify needs that applied not only across all settings, but also across all ages and levels of disability. This list was condensed to reduce overlap of similar ideas. The resulting training needs (listed below) may be considered core competencies for all direct service personnel.

- Basic principles and values in MR/DD.
- People-first language/labeling.
- Functional vs. nonfunctional activities and instruction.
- Self-determination/empowerment.
- History and causes of MR/DD.
- Effective communication and problem-solving skills.
- Confidentiality.
- Legal and human rights of individuals served.
- Documentation.
- Vulnerable adults/child abuse reporting.
- Emergency, health, and safety procedures.
- Teaching techniques.
- Interdisciplinary program planning and service coordination.
- Working with families.
- Facilitating friendships/socialization with peers.
- Behavior management principles and instruction.

- Communication instruction.
- Sexuality issues for persons with MR/DD.

■ Implications of Core Competency Training

Few of the studies reviewed in developing the core competencies list discussed the possibility of core competency training across disciplines. However, one study (Knight et al., 1986) found that the use of core competency training led to an ongoing working relationship and cooperative spirit between the agencies and institutions involved. Core competency training for direct service staff has other critical implications for policymakers, post secondary educators, and providers of services to persons with MR/DD, as well. These implications are discussed below.

• **Implications for Policymakers**. Each type of agency service for people with MR/DD is subject to a different regulatory process. Thus, training needs and requirements identified within these regulations are different. Policymakers must understand the need for core competency training and must modify regulations to include not only training in specialized areas, but also in core competency areas. Policymakers also must understand that staff training and competency demonstration are important means through which quality services can be achieved. Such training, however, requires adequate funding and incentive programs designed to enhance staff training opportunities. Finally, policy decisions regarding direct service staff training need to be made in direct consultation with service providers from many types of services. The development of state sponsored task forces regarding staff training issues might assist policymakers in facilitating improved training mechanisms.

• **Implications for Post-Secondary Educators.** Direct service staff core competency training has significant implications for educators. Post secondary educators should play a critical role in providing core and specialization training materials to direct service personnel. This may be challenging because the materials developed by academic professionals are frequently designed for professional staff and are rarely disseminated to direct service personnel. For training information to be efficiently disseminated to direct service personnel, training materials should be designed specifically for that audience. Materials should be written in non-technical language and be accompanied by post-tests or demonstration competency measures.

The current educational system for direct service staff training is inadequate and reform is needed. Although there are model training programs throughout the United States, systematic preservice training for direct service personnel is currently the exception and not the rule. We need to have a comprehensive educational system that offers training in core competencies within the MR/DD field through technical colleges and universities. Post-secondary degree programs, certificate programs, and two-year degree programs should be among the educational choices for people entering the field. A comprehensive educational system also should offer programs that have practicum opportunities and specialization tracks. These specialization tracks should include teaching direct service personnel about non-core, setting-specific training needs. They also should focus on various levels and types of disabilities.

• **Implications for Service Agencies.** Educational, vocational, and residential agencies must consider the advantages of core competency training opportunities. All agencies would benefit from the availability of preservice training that measures competency in core training areas. The availability of these types of educational opportunities would enable service agencies to spend less time "teaching the basics" and more time teaching the specialized skills needed to provide services to the people who live, work, and are educated in their specific programs.

Cost benefits are also present for service agencies who participate in core competency training. Combining the resources of time, trainers, and money would enable providers to teach core competency skills through more cost effective means. Additionally, if individual state agencies that oversee educational, vocational, and residential services combined their training resources they also could assist in providing more cost effective training.

■ Conclusion

Through the cooperative efforts of service agencies, post-secondary educators, and policymakers effective core competency training programs can be developed. These types of training programs benefit all the players involved. Agencies would receive well-trained staff, more cost-effective training, and the opportunity to focus on teaching specialized skills rather than the basics" when training direct service staff. Post-secondary educators would benefit from increased revenue and enhanced community relations. Policymakers would benefit from cost-effective delivery of training services and a transdisciplinary service delivery system. Most importantly, the consumers of services for persons with mental retardation and developmental disabilities would benefit from the enhanced quality in services they receive.

Amy Hewitt is a Research Assistant at the Research and Training Center on Residential Services and Community Living, Institute on Community Integration, University of Minnesota.

Knight, C.B., Karan, O.C., Timmerman, M., Griffith, S.C., and Dufresne, D. (1986). Training community developmental disabilities associates: A collaborative model. Applied Research in Mental Retardation, 7, 229-239.

A View from the Inside: Direct Service Staff Discuss Training

by Sheryl A. Larson

In writings on training needs for direct service staff, the voices of staff members are often silent. This article allows 14 direct service personnel from educational, residential, and vocational settings to share what they have to say about their own training needs. The comments summarized here came from two sources: a focus group discussion with direct care staff members held on the campus of the University of Minnesota, and a survey mailed to direct service staff members from several different agencies.

• Why is training important?

When asked why training is important to them, direct service staff listed a number of reasons. For example, training can help staff members get better at what they are doing. It can help them gain confidence and job satisfaction. It also familiarizes them with what to expect from their jobs. "Too often staff are put into stressful situations with little or no idea how to deal with the situations," observed one staff member. "Experience helps, but learning that there are similar situations elsewhere and learning how to deal with them from people like ourselves is very important." Finally, training is needed to keep up with changes in best practices. As one person stated, "If you have been on the job for six months or 16 years, there is always... [something] you can learn. This field is changing every day and staying on top of the knowledge of the MR field is most important to do our jobs effectively."

• What are your training needs?

Much of the training done by service agencies is selected on the basis of regulatory standards or internal quality assurance needs. However, direct service staff members also have opinions about the types of training they need to do their jobs. The focus group developed the following list of the five most important training needs for direct service staff members regardless of the type of setting in which they worked, the age of the persons served, or the type or severity of disabilities of the persons served.

- **Coworker communication and team building**. Training on basic people skills, team work, and working with other provider agencies and staff members.
- **Sexuality**. Training about sexual development, needs, and problems.
- **Confidentiality**. Training on handling confidentiality, ranging from knowing that some records are confidential to refraining from discussion of confidential information.
- **Rights of people receiving services.** Training on rights and on treating people who have disabilities with respect.
- **Behavior management skills and techniques.** Training on positive programming, reinforcement strategies, least restrictive behavior techniques, preventive interventions, and "motivating the unmotivated client."

In addition to the priorities identified by the focus group, a few other priority training needs were identified in the survey. Those included understanding various disabilities, using natural resources to facilitate inclusion, working with parents, and augmentative communication.

• How can training practices be improved?

Direct service personnel are eager to receive training, and they have ideas on how to most effectively carry out that training. Focus group and survey participants suggested numerous strategies that would enhance training efforts, ranging from ways to change policies impacting training to training formats.

One systemic change mentioned by many of the participants was to professionalize direct service positions. Suggested strategies to accomplish this included requiring licensure, requiring preservice education and training, tying wage increases to training and licensure, providing more steps on the training ladder, and reimbursing direct service staff members for education. Another recommended systemic change was to train teachers and managers on how to use paraprofessional staff. This was considered particularly important in educational settings where some paraprofessionals receive no training other than that provided by their supervising teacher. A final policy change was to increase the money from the legislature to increase staffing ratios along with incentives such as pay raises and educational reimbursement.

Recommendations for improving the implementation of training were diverse. The call for more training was common across those surveyed. Some wanted more one-to-one instruction while others wanted training to occur for teams of workers simultaneously. Several people suggested that more hands-on training would be useful because "hands-on experience is a great educational tool, and it motivates people," and because it "forces staff to... use the new information." Videos, preservice observation, modeling, demonstrations, meetings with supervisors, classes at an educational institution, and inservice training were also mentioned as possible training formats.

Additional suggestions were made about the delivery of training. For example, one person said that the words used

by trainers are too big, and suggested that the more technical it gets, the more boring training is. Another person noted that "too often training occurs in large sterile environments.... This creates a low comfort zone for staff who all too often are not used to being at a training session." Suggestions included providing an agenda at the beginning of each session, limiting the size of groups for training sessions, and providing some training geared specifically to paraprofessionals rather than to teachers.

The comments and recommendations made by direct care staff members regarding the importance of training, the topics to include, and strategies for delivery of training provide a picture of training needs and issues across service delivery systems. As policymakers, educators, service agencies, and professionals strive to improve the quality of services provided to persons with developmental disabilities through staff training efforts, the perspectives of people actually providing those services should be considered. The opinions mentioned here are only a small sample of those which could be tapped. They do, however, provide a glimpse of the valuable information that can be gleaned from asking the people who need training just what they need to know, and what strategies work best to facilitate the development of that knowledge.

We thank the Minnesota direct service staff members who provided the information for this article: Jon Alexander, Mark Bigaovette, Mary Bong, Sue Hintz, Lucy Kerschner, Scott Lee, Dorothy Palmer, Bradley Perry, Bruce Poling, Lori Schiller, Greg Schubrine, Rick Thomas, Linda Thornbloom, and Steve Wollmering. Sheryl A. Larson is a Project Coordinator with the Research and Training Center on Residential Services and Community Living, Institute on Community Integration, University of Minnesota.

Tips for Trainers

Adult learners have different characteristics and instructional needs than younger students. Through understanding these traits, trainers working with direct service personnel can select approaches that are best suited for adults in instructional settings. Listed below are some of the important considerations in training adults.

When training adults it is important to . . .

- Recognize that adults have much life experience that they bring to the training environment. Relate new learning to this experience, and encourage them to share their insights and experiences with the group.
- Ask participants what they know about the material and what their objectives are for the training. Involve them in planning the training and incorporate their goals and interests into the agenda.
- Make the material relevant to the actual situations the participants encounter. Adults will learn what they perceive to be relevant to their present circumstances. Involve them in discussion of applications of the material to their work settings. Make the theoretical practical.
- Make the training environment physically and psychologically comfortable. Many adults find new information threatening and learn best in an environment that respects their experiences, knowledge, and autonomy. The physical comfort of the training space (temperature, lighting, seating) also affects their receptivity to the material and trainer.
- Vary instructional methods (e.g., lecture, small group discussion, problem-solving activities, reading, worksheets, media presentations, role-playing, etc.). Each person has their own dominant learning style, the way that they learn best. Some learn best through reading and listening, some through interaction with others, and some by moving and doing. Provide opportunities for all styles to be used.
- Take breaks. To avoid overload and wandering attention, set aside time for participants to stretch their legs and relax their minds. This can also be a valuable time for them to discuss the material with each other.
- Allow participants to learn and integrate new knowledge at their own pace. Adults like to feel competent, in control, and successful. They are more likely to experience the training positively if they are allowed enough time to evaluate and apply the material without feeling pressured.
- Reinforce participants' correct responses. Everyone learns best when praised and rewarded. Adults can be especially sensitive to criticism or the implication that they don't know what they're doing. Emphasize the positive rather than the negative.

Parents Speak Out About Staff Training Needs

Parents of children with disabilities are rarely asked for input regarding the training of direct service staff who will help meet their children's needs. This article is a summary of a discussion with members of the ARC Hennepin County African-American Mothers Support Group, a discussion in which parents were asked to share the experiences they've had with direct service staff members and their ideas regarding staff training needs.

Parents want to be respected as full participants in the services received by their children whether those services are educational, vocational, in-home support, or residential care. They want to be able to trust staff members who work with their children. That trust, according to the parents in the ARC Hennepin County African-American Mothers Support Group, can exist only when direct service staff have been adequately prepared to work with people with disabilities and their families. In their experiences, these parents have found many staff need more training, especially in the following five areas:

- Characteristics and needs of individuals with disabilities.
- Cultural and socioeconomic differences.
- Challenging behavior and conflict management.
- Communication techniques.
- Safety practices.

• Specific Training Needs

Individual Needs: Group members suggested that direct service staff need better training about the abilities, disabilities, and needs of the people for whom they work. Staff need information about what behaviors and characteristics to expect from the person with disabilities. Specifically, direct service staff members need to know the current focus and goals for the person with disabilities, learning styles and specific intervention strategies that work, a schedule of activities that includes going out into community settings, and how to collect information. Among the experiences related during the discussion was that of one mother who had a new personal care attendant (PCA) come to her house after being told that the PCA knew about people with disabilities. When the PCA arrived she had never seen a person with autism before. Obviously the mother declined her services.

Cultural/Socioeconomic Differences: Sensitivity to the values and needs of people of different cultures and socioeconomic statuses was the second major training issue raised by support group members. For example, one parent mentioned a need for staff to be aware that, "In the black community it is an insult to go out without your hair combed and skin lotioned." Another noted, "My daughter was the only black girl [in the residence] so hair and skin issues were a problem." A third recalled, "I had a PCA who didn't know how to cook our food [a task for which he had been hired], so he had to keep asking me." These comments illustrate problems that may occur if training regarding the culture and values of the person receiving services is not provided.

Problem Behavior and Conflict Management: Direct service staff members also need training on how to interact with persons with disabilities to minimize conflict, and to react properly to problem behaviors. One parent suggested that staff members needed to get to know her son and "what sets him off." Another parent described a residential setting in which her daughter lived for about two years. While her daughter was there the staff "kept her in the home all the time...They acted like they were scared of her." This parent also indicated that the staff received no training on how to respond to behavior problems, and that they did not know how to deal with people who had autism.

Communication Techniques: Another major training need for direct service staff members is communication and augmentative communication strategies. These parents suggested that unless direct service staff members could effectively communicate with the person with disabilities, they could not accomplish everything that needs to be done. One specific suggestion was that if people receiving services use or need to learn sign language, the staff members should know sign language. One parent shared that her daughter is talking more and signing more since the staff in her group home learned how to use sign language.

Safety Practices: Direct service staff members need training on safety practices. One parent had a PCA who walked out of her home and left her son, who could not care for himself, alone. Another said that bus drivers must know not to let her son off at the wrong stop, since her son would not be able to find his way home.

• Improving the Training Process

Several suggestions were made about how to improve the staff training process. One recommendation was to involve parents. Several felt that direct service staff should be taught to consult with parents because in some ways "parents know more [about their child] than the staff or even the doctors." These parents described strategies they knew worked, and wanted to be able to teach those to the staff members. Organizations "should allow parents to be involved in and be a part of the training up front instead of after problems occur." Another recommendation was to provide training before the staff member starts working with

the person with disabilities. These parents felt very uncomfortable trusting their child to someone who had only had one day of orientation. Staff members "need to have direct contact" with people with disabilities before beginning their jobs. A third recommendation was to match the provider with the characteristics of the child. Staff members who work well with a very active person may not be the best choice for a person who is unable to participate in physical activities. A final suggestion was to work at coordinating services between doctors, social workers, service providers and parents. Unless services are coordinated and direct service staff members understand the focus of the coordinated plan, opportunities for growth and development will be missed.

It is clear that direct service staff members working with persons with developmental disabilities, and those responsible for planning training activities, cannot afford to ignore the knowledge and expertise of parents.

We thank the members of the ARC Hennepin County African-American Mothers Support Group - Brenda Walton, Anita and Anthony Gitchaway, Katrina Walton, Rita Harcus, and Gertie Taylor - for sharing their views on this topic. The group is located in Minneapolis. The article was prepared by staff of the Research and Training Center on Residential Services and Community Living, Institute on Community Integration, University of Minnesota.

Respect: What Consumers Want From Direct Care Staff

by Michol Ann Jensen

*One word - **respect** - summarizes what adults with developmental disabilities want as consumers of services. More than 100 self-advocates recently participated in two seminars to identify factors that contribute to or detract from the services they have received. What follows is a summary of their comments.*

Our common life experiences.

- Many, if not all, of us experience powerlessness, limited choices, rejection, confusion, loneliness, treatment as children, and a feeling that our lives are being wasted.
- The uninformed public is unable or unwilling to separate the stereotypes and myths about us from the reality of our individual strengths and needs.
- Even service providers, who should know to treat us with respect, treat us as children.

Things that help us in service programs.

- For those of us who maintain family contacts, staff can encourage parents/relatives to work side by side with us.
- Staff members can ask for and listen to our personal goals for our individual program or service plans.
- While respecting our future goals, staff members can teach independent skills of daily living, both at home and at work.
- In regard to transportation, excursions, and accessibility, staff members can help us to get out into community settings, to speak for ourselves, to become educated, and to educate the public.

Things that hurt us in service programs.

- Treating us as children rather than adults by setting bedtimes or other arbitrary limitations and restrictions both in and out of the home, and requiring us to get permission to do certain things.
- Refusing to communicate with us.
- Operating from a "you can't" attitude.

What we want from service providers.

- We want service providers to treat us like other people.
- We want programs that will encourage us to do things outside our homes, one-to-one or in small groups.
- We want assistance in locating accessible transportation and in learning how to use it.
- We want programs that offer choices.
- We want to be involved in decisions that affect us and to be allowed and expected to take responsibility for our decisions.
- We want providers that encourage and expect us to set our own goals.
- We want to make our own decisions about relationships, marriage, and sexual matters.
- We want providers that encourage us to speak for ourselves while modeling and teaching communication, cooperation, and respect for other people's views and opinions. Service providers who do not listen to us, cooperate with us, or respect us are poor models for us.
- We want those who provide services to view and treat us as valuable and competent people.
- We want staff members to treat us with respect and dignity, to encourage personal choice and independence.

Michol Ann Jensen is Administrative Assistant with People First of Washington. The discussion reported here took place during two seminars - "Evaluating Programs" and "Speaking Up and Speaking Out to Make Services Better" - conducted by consultants John O'Brien and Connie Lyle in Washington state.

Training for Impact

by Torry Piazza Templeman and Joyce M. Peters

Staff development in educational settings is receiving a great deal of attention as schools across the nation forge ahead into "school improvement" or "school reform" efforts. While special education has long set aside federal and state monies to develop and conduct training activities, it has taken school reform initiatives to bring training to public education staff members in more than a cursory manner. There is a growing belief in the educational community that training is not just a way to build skills, but is also a tool for improving the effectiveness of organizations. Why then, in this supportive climate, do trainers still encounter difficulties in generating administrative support when attempting to deliver training activities?

■ Theory Versus Practice

One of the major reasons for administrative hesitancy is that for too long training activities have been delivered in a fragmented manner with little resulting impact. Typically, training of staff is used as a means of approaching any one of three possible ends:

- Information transfer (awareness, knowledge).
- Skill acquisition.
- Behavior change (application of new learning).

There is, however, a major discrepancy between theory and practice in the field of training. In a review conducted by Gall (1985) most staff development programs bore little resemblance to effective practices that emerged from the literature. A sample of some obvious discrepancies are:

- **Theory**: Effective staff development programs are designed for school improvement.
- **Practice**: 67% of inservice activities are for personal professional improvement.
- **Theory**: Strong and regular training is an essential aspect of school improvement.
- **Practice**: Most training is one-shot, awareness based.
- **Theory**: The ultimate goal should be improved student/client performance.
- **Practice**: Little attention is paid to student/client achievement as an outcome.
- **Theory**: Inservice goals should be prioritized and focused.
- **Practice**: Inservice goals are pursued on a "shotgun" approach.
- **Theory**: Gains should be maintained and monitored by a follow-up component.
- **Practice**: Fewer than 20% received follow-up activities.

Trainers are now beginning to respond to the discrepancies between the theory of training and its practices.

■ Shift to Multi-Stage Models

Traditional methods of delivery—presentation by experts during district inservice days, university coursework (typically in a lecture/demonstration/discussion format), and brief one-shot workshop experiences—are giving way to newer thinking. That newer thinking focuses on training involving a multi-stage/long-term delivery approach including both training and implementation strategies.

There are several effective, multi-stage models for training today. Those models share several components:

- Readiness or awareness building activities preceding major training efforts.
- Specific, skill-based training activities.
- A system of long-term implementation assistance.
- Monitoring or maintenance activities to assist the site and to assess the impact of the training effort.

A quality training model should guide us toward implementing theory in our training practices. The challenge facing trainers is to deliver on the promise of our training goals. We must design and implement training activities that produce behavior change in direct service staff members that will be evidenced in the work place.

One of several multi-stage models, the Teaching Research Inservice Model (TRIM), provides a systematic approach to the design, delivery, and evaluation of training. This model embraces a structure that forces inservice planners to consider the broadest aspects of each training activity, such as the anticipated outcome evidenced in the work site, as opposed to focusing only on what will occur for participants at given points throughout the workshop schedule. This model is most useful when the outcome of training is behavior change or application of new learning in the work site.

■ Trainees as Adult Learners

Training procedures utilizing multi-stage models are most effective when they incorporate what research and practice tell us about the effectiveness of varying presentation approaches in enhancing information retention, and characteristics of adult learners as the consumers of staff development/training offerings. The following illustrates the relative percent of retention compared to the method of training:

Training Method	% Retention
• **Lecture**	5%
• **Reading**	10%
• **Audio-visual** enhancement (overheads, films, etc.)	20%
• **Demonstration** (seeing the new learning illustrated live or via video/film)	30%
• **Discussion** with group	50%
• **Practice** (in workshop/training setting)	75%
• **Teaching others** or immediate use of new learning	95%

Lecture alone results in about 5% retention, but when paired with demonstration, retention increases to 30%. If the learner is given an opportunity to practice the new learning, retention leaps up to 75%.

Adult education literature tells us that, among other things, adult learners tend to be problem-oriented rather than subject-oriented and learn better through practical applications of new information. Therefore, an effective training strategy that is responsive to both adult learner characteristics and presentation mode effectiveness would be the presentation of new information via lecture and demonstration with opportunities for small group or individual practice.

Consider another adult learner characteristic: adult learners need to control the direction and focus of their learning. As planners of training, we need to look for opportunities to allow the adult learner to have some choices or selections in the way they will participate in the training. For example, participants might be offered the choice of viewing new subjects presented via video, or reading about new subjects and participating in a subsequent group discussion. Another approach might be to offer a menu from which participants select the specific aspects of the subject on which they would like to focus.

Many trainers find the use of small work groups to be effective in moving participants toward acquisition of new information/skills. In many cases, the small group completes quizzes or tests as a unit and reports a group score. This technique is effective because adult learners want to be treated with respect and learn best in non-threatening environments of trust and mutual respect. It has been used successfully in training activities involving such things as solutions to behavior management problems, scoring or evaluating a group's product, or matching video performances by a master teacher to specific learning styles.

■ Train the Trainer

Knowing and using adult learning principles is an important component of preparing on-site trainers to train paraprofessionals in their organizations. A train-the-trainer strategy increases the numbers trained and improves the cost effectiveness of long-term training programs. Train-the-trainer models may seem expensive initially, but they are cost effective in the long run. Through this approach agencies can take important steps toward institutionalizing the concepts they are presenting. On-site trainers can assist new staff in learning the program and they can provide important ongoing technical assistance and support that many times mean the difference between mere participation and implementation.

An example will demonstrate the cost effectiveness of this approach: A team of three paid training staff developed and piloted a training program for paraprofessionals working in the classroom setting. They trained 33 additional trainers, all of whom were already employed and took on the training activity as a part of their existing job. The 33 then offered the training to over 600 paraprofessionals, all within a two-year period. Such an effort could never have been completed with the services of three trainers alone.

Strategies used to prepare trainers utilize the same concepts found in quality, multi-stage training models:

- Trainers are selected from those who have implemented the "basic" training offered.
- They then attend training session(s) that focus on knowledge and skills needed by the trainer, (e.g., information about the adult learner, learning styles, structuring participatory training activities, scheduling, evaluating, and follow-up).
- Their first training efforts are assisted and evaluated by the program training staff.
- The new trainers receive on-going assistance and monitoring by the program trainers as they continue to offer training and technical assistance to participants.

Although planning and funding these trainer activities adds to the overall training budget, on-site trainers continue to be effective for many years and the approach remains viable despite turnover of trainers and administrators.

■ Conclusion

The approach to designing training activities described here requires far more from the trainer than a traditional delivery in which a lecturer stands before the group and "talks at them." However, trainers are urged to consider the benefits of the extra effort. Long-term outcomes will reflect a higher level of satisfaction with the training session itself, greater usability of the content or subject matter, and higher rates of implementation in the work site.

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Training for Paraprofessionals in Educational Settings: A National Perspective

by Anna Lou Pickett

The employment of paraprofessionals has grown steadily and their functions have changed dramatically since they were introduced into classrooms as teacher aides almost 40 years ago. Their duties are no longer limited to record-keeping, preparing materials, and monitoring students on playgrounds or in lunchrooms. In today's schools, paraprofessionals are technicians who might more aptly be described as "para-educators", just as their counterparts in law and medicine are designated as paralegals and paramedics (Pickett, 1989).

Paraeducators are valuable human resources that are all too frequently overlooked by education policymakers, administrators, and teacher educators in their efforts to attract, prepare, and retain a skilled education workforce. They are usually long-term residents of their communities, whether remote rural areas or major urban centers. Their roots are in the community and they understand local customs and needs, fiscal concerns, and philosophies of education. In many cases, they represent a high percentage of the cultural and ethnic minorities in their locale. And because of their on-the-job experience, they are aware of the pressures of working with children and youth with a wide range of abilities, learning styles, and needs.

Beginning with the passage of P.L. 94-142 and continuing with the current initiatives to fundamentally restructure education policies and systems, including the movement to integrate general and special education, paraeducators have become important contributors to the delivery of direct instructional services. They support the program and classroom management functions of teachers by: 1) observing, recording and charting data; 2) task analyzing instructional objectives predetermined by the teacher; 3) tutoring individuals and small groups of children; 4) implementing behavior management programs designed by teachers; and 5) performing clerical and administrative tasks. A recent survey of state departments of education conducted by the National Resource Center for Paraprofessionals revealed that despite increased reliance on paraeducators in more complex roles, little is done to systematically develop procedures to improve their deployment, management, and training, and to reduce turnover rates. In most school districts functional job descriptions that recognize their evolving duties do not exist. The skills and knowledge required to perform more demanding functions have not been defined. And while a few states have established standards for the utilization and training of paraprofessionals, most have not. Training, when it is available, is usually highly parochial and unstructured, and is rarely part of permanent systems of career development that include structured on-the-job coaching and formal inservice coursework.

The issues and concerns outlined above only scratch the surface. There are additional critical issues that influence the capacity of schools and other education provider agencies to effectively tap the resources of the paraprofessional workforce. For example, many of the initiatives underway for improving the effectiveness of our country's schools have centered on redefining the traditionally recognized roles of teachers, assigning them greater responsibility for student progress, and involving them more directly in determining educational priorities. As a result, new staffing patterns are emerging and teachers are taking on new roles as frontline managers of paraprofessionals and other support staff. Teachers are, however, not prepared at the graduate or undergraduate levels to supervise the work of paraprofessionals, to evaluate their performance, or to assess the potential for even greater utilization of paraprofessionals that will free them to provide better and more individualized instruction. In addition, legislative mandates and changes in attitudes about how best to serve children, youth, and adults with disabilities have created situations whereby education and other human service agencies with similar missions do not agree on the most basic procedures for identifying appropriate roles, training needs, and standards for career advancement for paraprofessionals.

To address these issues, linkages among all state and local service delivery systems must be forged and existing ones strengthened. Two- and four-year colleges must be partners in the process. Training models that are tested and proven effective must become permanent components of administrative systems and regulatory processes. Until and unless policymakers, educational practitioners, personnel developers, unions, and other stakeholders join forces, the vast majority of the paraprofessional workforce is destined to remain undertrained and underutilized. Turnover rates will remain high, and few permanent systems of career development that enable paraprofessionals to advance through paraprofessional positions or become teachers will be developed.

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Training of Educational Paraprofessionals: A Success Story

by Andrea Upin, Veronica Hansen, and Joyce Evenski

The Educational/Community Careers program at Hutchinson Technical College in Minnesota is a post-secondary program for paraprofessionals in education, training, and related services. Although there are several post-secondary training programs in the state that deal with early childhood personnel, the 48-credit competency-based option

Through the Educational/Community Careers program paraprofessionals are trained to meet diverse educational needs, ranging from job skills for young adults to...

at Hutchinson is the only program specifically for paraprofessionals providing instructional support for persons with disabilities from preschool through adulthood. Through this program, paraprofessionals receive the skills needed to both acquire their positions and advance on career ladders.

The career-path curriculum includes classes in special education, sign language, behavior management, computer literacy, language arts activities, math activities, child development, first aid, health and safety, human relations, and paraprofessional techniques (e.g., augmentative communication, clerical responsibilities, visual displays). In keeping with its mission to meet a range of needs of persons with disabilities, the program also includes courses in job coaching and respite care.

Through the Educational/Community Careers program, paraprofessionals in education and related services prepare to fill the following support roles:

- Assist teachers in making classroom instruction more effective, efficient, and individualized.
- Serve as paraeducators for special education programs with specialized training in sign language.
- Serve as instructional assistants for Chapter I and Assurance of Mastery programs.
- Provide attendant support in home settings.
- Provide integration with recreation/leisure activities to persons with disabilities.
- Provide job coaching for persons with disabilities involved in transition from school to adult roles in supported or competitive employment.
- Provide respite care for families of adults or children with disabilities.
- Provide assistance in early childhood programs, including early intervention and inclusion.

In addition to offering this innovative training program, Hutchinson Technical College is also positioning itself on the leading edge of paraprofessional training through hosting Minnesota's first statewide conference for paraprofessionals in education, rehabilitation, and training on May 1-2, 1992. The purpose of the conference is to provide paraprofessionals an opportunity to learn about new or different strategies to do their jobs and to network with other paraprofessionals. This event, initiated by the Minnesota Department of

... development of language skills and imagination for elementary school students.

Education, is a collaborative effort of a number of state agencies, professional and educational organizations, and labor unions.

The Educational/Community Careers program at Hutchinson Technical College is a training success story that has been one of Minnesota's best kept secrets...until now.

For further information contact Andrea Upin, Veronica Hansen, or Joyce Evenski, Instructors in the Educational/ Community Careers program, Hutchinson Technical College, Two Century Avenue, Hutchinson, MN 55350.

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Vocational Direct Service Staff: A New Training Frontier

by William E. Kiernan and Orv C. Karan

The recruitment, training and support of direct service staff has only recently begun to be addressed by education and human services systems. Direct service staff members who have the most frequent and often the most consistent interaction with persons with disabilities are all too often the least involved members of the professional team. In the past, training for direct service staff was viewed as the function of the individual agency. Those agencies carried out little staff development activity other than on-the-job training, usually of very limited duration and intensity. Today, staff training is increasingly recognized as a core component in comprehensive service delivery systems.

■ Direct Service Staff: Who Are They?

There does not appear to be a typical profile of the person filling the role of a direct service employee. Some direct service staff are college graduates who have bachelor's degrees in fields other than human services or associate of arts degrees from community colleges. Others are high school graduates with no experience in human services and often limited job experience in general. Direct service staff who are older and have a history of employment in other fields are frequently looking for a career change. Others are looking for part-time employment, unable to work on a full-time basis due to school requirements, family demands, or a second job. The role of direct service staff is filled by a diverse group of motivated and invested individuals who want to do the best job possible, yet have little experience or preparation. High motivation and investment alone will not assure that the person who enters this role will be successful.

■ The Job of a Direct Service Employee

Depending upon the nature of the program, the philosophy of the agency, and the nature of the disabilities present, there is considerable variety in the types of tasks performed by the direct service staff member. These staff provide frequent and ongoing contact with the person who has a disability, coworkers, family members, and the community. For direct service staff in integrated employment training programs, their role is often one of a liaison or facilitator in the work setting. The direct service staff member is the trainer on site, the technical resource to the individual, the expert to the company, and the anomaly to the coworkers.

Advocacy, facilitation, and education (often by example) are probably the main functions of direct service staff in work settings. The challenge, particularly in supported and other integrated employment settings, is not to demonstrate the inabilities or limitations of the person with a disability, but rather to foster the inclusion and development of the individual. The direct service staff member in the work place is not a care provider, but a resource; not an interpreter, but a facilitator; not a trainer, but an enabler; not a separation specialist, but an inclusion specialist; and not a permanent fixture, but a temporary support for the employee with a disability, the coworkers, and the employer.

■ The Rewards to a Direct Service Employee

Typically, the rewards for direct service staff members are not reflected in pay, flexibility in the working schedule, or prestige. Rather, the rewards are a sense of investment, accomplishment, and relationship to others, particularly individuals with disabilities, coworkers, and family members. The rewards come through the process of assuring that the individuals they are supporting can function as independently as possible in a community setting. Unfortunately, the current salary structure in human services is inversely related to the frequency of interaction that the staff member has with the person with a disability: the more the interaction, the less the pay.

■ Training Needs for Employment Settings

A direct service employee in an integrated employment setting has several specific training needs given the general lack of orientation and background to the world of employment services for people with disabilities. Basic values clarification as well as orientation to the specific agency goals, objectives, and mission are essential. Additionally, specific skill training in job development, job training techniques, and strategies for supporting individuals within the work setting are critical. Finally, training is needed on developing and maintaining relationships in the work setting between the person with disabilities and coworkers. Beyond specific skills of training and facilitating, direct service staff must also be trained to participate in documentation of outcomes and of impacts of interventions by coworkers, paid job support resources, and any other support mechanism.

■ Summary

In response to the realization that the direct service staff person must be an integral part of the professional team, there has been growing interest in developing more formal approaches to training and supporting these front-line staff. One such example has been the Training Initiatives funded by the Administration on Developmental Disabilities (ADD) through their University Affiliated Programs. The initiatives

address the need for training and support of direct service staff in the areas of early intervention, services for aging persons, and community services. More recently, some of the training projects funded through the U.S. Department of Education have also included efforts at inservice training addressing the needs of direct service staff. The realization of the need to prepare staff who will, in many instances, have the most frequent interaction with the persons with disabilities is clearly a positive step in enhancing service delivery in education and human services systems.

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Creating the Right Conditions for Learning

by Jim McCaul

At Dakota, Inc., a day training and habilitation service, we help adults with developmental disabilities discover what they want to do, and then help them do it. That may sound simple, but it's not. We are learning that to do it well requires surprisingly radical changes in our roles and responsibilities. We are finding that we need to learn more about empowerment and how to become community builders, connectors, consultants, and facilitators as well as instructors and caregivers. One consequence of these changes is that we now think differently about staff training.

We used to think that the most valuable staff learning occurred in classes and workshops. If you needed to learn you went to a workshop, if it was available, affordable, and a priority. Little was learned by those who didn't go, and those that did often learned too little, too late. Training for new staff was less than systematic. One new staff member described it as the "sink or swim buddy system."

We wanted to develop a way that staff could learn what they needed to learn when they needed it. We wanted to use the expertise already available in the organization, and use external resources in ways that increased our organizational capacity to help staff learn. We also wanted a more systematic orientation and training for new staff.

We began by identifying staff who would have key responsibilities as coaches and trainers. They received 100 hours of train-the-trainer instruction funded in part by grants. We also designated a few staff as training analysts who would support coaches, connect learners with expertise within the organization, broker external resources, and develop training methods and tools to support learning. One of their initial projects was developing methods and tools to orient and train new staff. Drafts of contents and procedures were reviewed with staff and then field tested. The new system was implemented in 1991.

New staff now learn 150 to 250 identified basic competencies, depending on their responsibilities, within their first six months. They are assisted in their learning by mentors, their coach (usually their supervisor), and a training analyst. They learn by reading sections from 15 modules that address the basic competencies their coach decides they need to learn. Module titles include: Understanding Dakota, Inc.; Understanding Developmental Disabilities; Employment, I and II; Planning, I and II; Providing Support; Systematic Training; Providing Positive Behavioral Support, I and II; Communications, I and II; Adaptations; Providing Assistance; Personnel Policies; and Legal Policies and Rules. Staff also learn through observation, discussion, demonstration, and group instruction. Some competencies are demonstrated by answering written review questions. Others must be actively demonstrated to the coach.

So far the system has been well received by new and experienced staff. However, there is something missing. Some of the learning necessary to truly empower those we serve is very personal. It involves understanding who we are and how we ourselves experience empowerment. This kind of learning requires an environment that encourages and supports personal growth and responsibility. It requires more than training. As a result, we are focusing more on staff learning than staff training.

We are trying to create the conditions whereby staff want the authority, information, and skills necessary to be responsible for their own performance. In addition to effective training, these conditions include things like trust in leadership; understanding Dakota, Inc.'s mission and values; measuring one's own performance; timely access to accurate information; and opportunities to learn through reflection, discussion, problem solving, and risk taking.

Put simply, we have come to believe that only an empowered staff can help those they serve become empowered. We have come to understand empowerment as a personal process of learning, not something that can be given, but a sense of self and personal responsibility that can be learned with the right conditions. Ultimately, we can only accomplish our mission as an organization by creating the right conditions for this kind of learning.

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Training for Personnel in Residential and Community Services

by Bob Prouty

The quality of services provided to persons with mental retardation and related conditions (MR/RC) living in the community often affects the quality of their life experiences. Training, both preservice and inservice, for direct service providers can foster skills necessary to respond to the individual needs and preferences of persons with MR/RC in a manner consistent with contemporary values. Whether preparing to provide services, responding to a need for change in services, enhancing existing services, or correcting service deficiencies, training for direct service providers is part of any comprehensive effort to establish, maintain, and improve service quality.

One of the most rapidly growing long term care programs in the United States for persons with MR/RC is Medicaid Home and Community Based Services (HCBS). The program offers a range of services to individuals living in the community who would, without such services, require placement in an intermediate care facility for persons with mental retardation (ICF-MR). The services available under this program vary among participating states, but frequently include case management, residential habilitation, respite care, adaptive aid, and day training and habilitation including supported employment. The standards for services provided under the HCBS program, including standards for training of direct service staff, are typically set by state government agencies. State agencies also often fund, provide, or arrange training.

Researchers at the Center for Residential Services and Community Living recently conducted a national survey of states' efforts to improve the quality of HCBS for persons with MR/RC (Prouty & Lakin, 1991). Information was gathered about states' efforts to fund, provide, or arrange training for HCBS providers. States reported, among other things, standards for HCBS staff training, reasons for involvement in such training, and strategies for state involvement in training efforts.

Many state agencies set standards for topics on which training must be provided. Thirty-one states reported how they selected required training topics. The most common strategies were to use provider requests, statewide needs assessments, and HCBS monitoring reports. Twenty-three states indicated the topics on which training is required of HCBS direct service staff members before they provide services, in their first year of providing services, and in response to special needs of HCBS recipients. Overall, state standards for HCBS providers were modest, with preservice training requirements very limited and primarily focused on first aid and assurance of recipients' health and safety. State standards for first year inservice training of residential and day habilitation providers were the most comprehensive and addressed normalization, consumer rights, service plan implementation, record keeping, and teaching activities of daily living. Less than one-half of the reporting states required training in any topic for any type of HCBS provider in response to the special needs of HCBS recipients.

In addition to setting standards for training topics, 33 of 36 state agencies reporting were involved in funding, providing, or arranging training for HCBS providers. Reasons most frequently cited by states for these activities were to respond to provider requests, to correct deficiencies noted in state monitoring, and to meet state requirements for training of HCBS providers. The types of training activities funded by states included development and dissemination of training materials, contracting with non-government trainers, employing additional state training staff, increasing rates for HCBS to defray providers' training costs, and supporting training demonstration programs. Some state agencies also arranged training by state staff, state-contracted trainers, HCBS provider organizations, providers of other (non-HCBS) services, University Affiliated Programs, other university and college programs, advocacy organizations, or technical and vocational schools.

Thirty reporting states implemented or were considering actions to improve effectiveness of training for HCBS providers. Most frequently implemented were actions to increase direct monitoring of service quality in order to identify training needs, and to use monitoring findings to prioritize training needs. Most frequently considered were actions to create or expand a state agency training unit, prioritize training based on monitoring findings, and increase monitoring efforts to identify training needs. The use by states of service monitoring to identify needed training is noteworthy.

Although state requirements for HCBS provider training were limited, states clearly engaged in significant and diverse activities to fund, provide, and arrange training for HCBS providers. Furthermore, states continued to identify needed training and to improve response to those needs. These efforts are of particular interest since, in many states, HCBS is seen as the bellwether of all community based programs for persons with MR/RC.

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Prouty, R. W., & Lakin, K. C. (1991). A summary of states' efforts to positively affect the quality of Medicaid Home and Community-Based Services for persons with mental retardation and related conditions (Report #34). Minneapolis: University of Minnesota, Center for Residential and Community Services.

Competency Based Training In Action

by the Staff of Houston County Group Homes

Three years ago, Houston County Group Homes, Inc., (HCGH) was taking a long, hard look at itself and was more than a little nervous about what it saw. HCGH Inc. was "the only game in town," the sole residential service provider in a rural southeastern Minnesota county. The challenges of providing responsive, effective services to many unique persons with disabilities were growing. At the same time, the pool of skilled, long-term employee candidates was shrinking, the monetary resources available were having to stretch further, and, most importantly, the attitudes and aptitudes of the agency's employees did not match the desired vision of services for persons with disabilities.

An informal training session on augmentative communication for HCGH direct service staff.

Rather than continue with services as usual, the leadership of HCGH formed a team to improve those services. The team based its recommendations on three assumptions. The first was that people who are well trained are comfortable, competent, and dedicated to their work; they also stay longer and do a better job. The second assumption was that people who are more highly trained should receive increased compensation for their work. The third assumption was that training has a direct impact on the lives of the people served, and consequently is rewarding for staff members. These assumptions evolved from discussions with persons with disabilities and their families, advocates, direct service staff members, and the agency leadership team and board members. We came to believe that we all needed to participate in improving our agency. We decided to act on this belief by launching the Competency Based Training (CBT) Project.

The CBT project has several components. After completing 30 hours of basic orientation, direct service staff members who wish to participate officially apply and declare their intent to follow through with the training sequence. The training sequence includes approximately 120 hours of training, over a three to four month period, organized into 10 self-contained modules. The modules cover personal skills, programming processes, positive behavior change processes, philosophy and client rights, health and safety issues, growth and development of persons with and without disabilities, facility and service operations, augmentative communication, life issues, and CPR. Each module contains specific outcome-based objectives, teaching/training methodologies for presenters, activities to develop competency, and a list of additional resources. Direct service staff who demonstrate competency on all 10 modules receive wage increases.

Many different people have been involved in the CBT project. A trainer was hired who coordinated the training sequence and assisted the presenters in researching and organizing materials and presentations. The entire management team, including the administrative staff, QMRP's, management staff, specialty staff (nursing, dietary, maintenance), and other support staff, have participated in presenting the training. Persons with disabilities and their family members have been involved in evaluating the training outcomes.

One key feature of the CBT project is the immediate opportunity for trainees to practice what they have heard and seen in presentations. Fieldwork and practical assignments have provided direct services staff members with skill practice in guided experiences with persons with disabilities. Another key aspect of the project has been use of a modular system. Each module is easily adapted as new materials are discovered or as the service standards change.

The CBT project has resulted in important changes in people's lives. Those living in HCGH facilities have experienced increased opportunities to participate in community activities. Direct service staff members have developed new attitudes toward their jobs, focusing on what is important to each consumer. Direct service staff members have also learned to value the contributions of families and communities in building typical lives for people with disabilities.

The CBT project has also resulted in important changes in the HCGH program. Staff turnover has been cut at least in half. CBT graduates are more confident, more committed to our team, more advocacy-oriented, and more sensitive to the desires of the people they serve. And, CBT participants have become more eager and competent in rising to meet the challenges they encounter.

Houston County Group Homes, Inc., exists to assist people with disabilities to do what they want to do and to be what they want to be. The CBT project has provided us with a much clearer idea of how to do that.

For further information contact Dennis Theede, Houston County Group Homes, Inc., 109 S. Winnebago Street, Caledonia, MN 55921 • (507) 724-3368.

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From Vision to Reality: The UAP Role in Training of Direct Service Staff

by Karen L. Middendorf

Changes in attitudes, values, legislation, litigation, public policy, and the advent of family and consumer advocacy over the past two decades have led to rapid expansion of community services and supports for individuals with developmental disabilities and their families. With this expansion of services has come equally rapid growth in the employment of staff to work in these community services. We are moving from a service model that relied on "professional expertise" and "get ready" programs, to a support model that utilizes both formal and informal community supports to realize the current values of participation and full inclusion in education, jobs, homes, and social activities. This model creates an even more important role for the direct service worker who interacts one-on-one with the individual and the community to develop and maintain those supports. It also creates incredible challenges for the creation of staff development and training programs that promote full inclusion and provide workers with the skills to make it a reality.

> UAPs are playing a vital role in the development and improvement of training programs for direct service staff...

■ The Role of UAPs

The federal Developmental Disabilities Act, which created the University Affiliated Programs, affirms full inclusion when it speaks to goals of independence, productivity, and integration of individuals with developmental disabilities. The Administration on Developmental Disabilities, which administers the law and funds the UAP network, articulates a vision for community inclusion based on personal power and leadership and political strength for individuals with disabilities and their families, and the development of positive public images as valuable community members. Outreach training activities in each of the UAPs reflect this commitment as they engage in a wide range of training, curriculum development, technical assistance, and systems change initiatives in cooperation and collaboration with state and local service providers, and with individuals with disabilities and their families.

■ Current UAP Efforts

In response to the need for staff training in community settings, UAPs across the country are increasing their emphasis on outreach training. Data for 1990 indicate that UAPs provided over 50,000 hours of outreach training attended by over 1.5 million persons, many of them direct-service staff. As evidence of increased UAP attention to outreach training, outreach training directors in each of the UAPs belong to the National Outreach Training Directors' Council of the American Association of University Affiliated Programs (see page 20). The purpose of the council is to serve as a focus and forum for the identification, discussion, and resolution of problems and issues regarding outreach training policies and initiatives. The council has recently conducted a national survey related to UAP outreach training initiatives which will provide further data on direct service training activities. It is also currently publishing a document describing exemplary outreach training programs in each of the UAPs, many of which address the training of direct-service staff. Additionally, since 1988 the Administration on Developmental Disabilities has awarded supplemental grants to UAPs to support outreach training initiatives, 11 of which are specifically targeted to the training of direct-service staff. Clearly, UAPs are playing a vital role in the development and improvement of training programs for the direct service staff of community agencies serving persons with developmental disabilities. It is also clear that much remains to be accomplished.

■ Realizing the Vision

If individuals with developmental disabilities are to truly be a part of inclusive communities, then a number of challenges face us all. The values underlying this vision must be the foundation for all staff development and training programs, not just for direct service staff, but for professional preservice and inservice training programs as well. Staff, professional or direct service, well trained in competencies alone will not succeed in assuring real jobs, real homes, and real relationships for individuals with disabilities. Therefore, value-based training must also be directed at administrators, policymakers, and the public at large. Only when everyone embraces the values of inclusion will funding and public policy change so that staff can use their competencies to make the vision a reality.

Karen L. Middendorf is the Director of Outreach Services for the Interdisciplinary Human Development Institute, University Affiliated Program at the University of Kentucky, Lexington. She is also the Chairperson of the National Outreach Training Directors' Council of the American Association of University Affiliated Programs.

The North Dakota Statewide MR/DD Staff Training Program

by Demetrious Vassiliou

In 1981, the North Dakota Legislative Assembly voted to depopulate Grafton State Hospital and to develop community residential services. The transfer of people from large institutions to small community settings dramatically increased the need for qualified direct service staff members to work in those community settings. In response, the Department of Human Services began to pursue development of a statewide training system for direct service staff in community facilities. The result, in 1983, was the North Dakota Statewide MR/DD Facilities Staff Training Project, initiated under an federal grant from the Administration on Developmental Disabilities.

The Department of Human Services, Division of Developmental Disabilities, contracted with Minot State University to develop and implement the statewide training program. The Kellogg Model Curriculum (with modifications) was selected as a basis for the training, and a "trainer of trainers" methodology was adopted to make training accessible to all direct service staff. Twenty regional trainers with expertise in the area of developmental disabilities were trained and placed into service agencies. Those trainers now provide on-the-job training to staff members using a variety of strategies including self-instruction, small groups, workshops, lectures, and on-the-site instruction. The State Training Director provides on-site technical assistance to the trainers and conducts inservices.

One of the unique features of this system is its career ladder approach. There are seven levels of training:

- **Level I: Orientation Training**: Forty hours of inservice training before assuming direct responsibility for people with mental retardation/ developmental disabilities.
- **Level II: Position Based Competency**: Training to acquire job description competencies necessary to fulfill the position's responsibilities.
- **Level III: Certificate of Completion**: Awarded to staff members who successfully complete training and practical experience on 16 modules covering an introduction to developmental disabilities, health care, behavior management, and human development.
- **Level IV: Advanced Certificate**: Available to those who have acquired the Certificate of Completion. Training topics include aging, communication, leisure, behavior management, sexuality, and nutrition.
- **Level V: Associate of Arts in D.D.**: Available only at the workplace and awarded upon satisfactory completion of 40 quarter hours (QH) of developmental disabilities coursework and 59 QHs of general education coursework.
- **Level VI: B.A. in Mental Retardation**: Individuals who complete the A.A. degree may enroll at Minot State University to earn this degree.
- **Level VII: M.S. in Special Education**: People who complete the B.A. in Mental Retardation may earn a M.S. in Special Education at Minot State University.

Since its inception the training program has gained regional as well as national attention and recognition. Approximately 7,554 staff members have received training; 1,333 have been certified and 76 have completed the A.A. degree. Several individuals have continued their studies to receive B.A. and M.S. degrees in Special Education. Currently, 2,649 direct service staff are enrolled in this successful, collaborative, statewide training program.

For further information contact Demetrious Vassiliou, DD State Training Director, Minot State University, Box 131, Minot, ND 58702-5002.

Impact of North Dakota's Statewide Training: A Provider's Critique

by Mike Haring and Deb Johnson

With the statewide training program in place for more than eight years, most individuals employed in direct service positions have "grown up" with the system and are hard-pressed to envision life without such training opportunities. Throughout all levels of the service delivery system, numerous advantages of a uniform, consistent program of competency-based training are experienced. Those moving from one agency or service region to another know that their certification status transfers with them. Supervisors and trainers can rely on a core set of knowledge and skills having been mastered, thus making the individual's transition much smoother. The underlying curriculum remains flexible enough for agencies to tailor it to varying direct service staff responsibilities.

However, a statewide system that supports more than 2,600 staff does not exist without presenting some challenges! The primary difficulties are information based: the degree to which the system keeps up with changes in the field, and translates those changes for staff utilization; flexibility in tailoring how information is delivered to the trainers; the need for more time

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Cooperative Training Efforts: A County Board and Community College

by Jeffrey J. Bassin and Marlene Hanks

The Productive Living Board for St. Louis County Citizens with Developmental Disabilities (PLB) is one of 42 Missouri county boards that funds nonprofit organizations that provide residential, employment, leisure, family support, and other support services to persons with developmental disabilities. The interest of the PLB in training for paraprofessionals began with the realization that direct service staff members are critical links in the overall service delivery system. They represent the "front line" in meeting the needs of persons with developmental disabilities, and are key to sustaining our overall effectiveness as a service delivery system. However, though direct service staff members have important training needs, those needs are often overlooked or discounted, particularly in formal education systems that provide continuing education. Too often continuing education opportunities beyond orientation are geared only to middle and upper level managers.

In recognition of the importance of continuing education for direct service staff members, the PLB recently entered a partnership with St. Louis Community College to develop and provide training to direct service staff working in all St. Louis County programs that serve persons with developmental disabilities. The initial step in building the partnership was to identify continuing education and training needs. This exploratory period had three main components: The development of a project advisory committee; the design and execution of a formal needs assessment; and the development, through St. Louis Community College, of a funding proposal to the PLB based on the results of the needs assessment and on the findings and recommendations of the advisory committee. The proposal from the college identified as its overall goal the desire to increase the number of skilled paraprofessionals entering the field of developmental disabilities, and to respond to the continuing education needs of paraprofessionals currently employed. It was also hoped that staff turnover would decrease when technical skills were refined and self-esteem of paraprofessionals was promoted, and that employers would provide financial incentives to direct service staff members who improved their job skills. The proposal indicated that through continuing education courses, paraprofessionals would gain the knowledge needed to support the consumer/provider relationship, build their own self-confidence, and increase the services and informational resources available to consumers. The proposal also indicated that paraprofessionals would be further assisted by increasing their training and skill levels, salary potential, and opportunities for career advancement.

The approval of funding from the PLB to St. Louis Community College has resulted in the implementation of a formal continuing education program for paraprofessionals. This program consists primarily of a series of non-credit, three hour workshops offered at the three campus sites of the community college. The fee for each workshop is currently $12 per person. These workshops are offered on an ongoing basis with approximately 20 workshops per year, and are conducted by local experts on each topic. Program participants provide feedback about the workshops through evaluations.

The workshop series covers a wide variety of topics and reflects the input received from needs assessments, the advisory committee, and participant feedback. The most heavily attended workshops include *Developing Personal and Professional Values as a Direct Service Worker, Advanced Behavior Modification with Adults*, and *Anger Management Training for Persons with Developmental Disabilities*. Other workshops offered have included *Seizure Recognition and First Aid; Stress Management and Burnout; The IHP Process; Working with Dually-Diagnosed Individuals Including MR/MI; Client Rights Issues; Leisure Time for Persons with Disabilities; AIDS - What Providers for Persons with Developmental Disabilities Need to Know;* and *Assisting People with Developmental Disabilities Who Encounter the Criminal Justice System.*

This workshop series has been very successful. An average of 25-30 participants have attended each workshop, with 882 paraprofessionals participating since the first session was offered in 1988. This number has met and exceeded our greatest expectations. In fact, activity is now underway to develop a two year Associate of Arts degree program in developmental disabilities. The first credit course was offered in the fall of 1991.

This partnership between the local funding agency (the PLB) and the local provider of continuing education (St. Louis Community College) has successfully brought together community resources for the training and development of paraprofessionals. Participant evaluation as well as community feedback have positively supported our efforts in maintaining the availability of these continuing education opportunities.

Jeffrey J. Bassin is Director of Family Support Services, Productive Living Board, St. Louis, Missouri. Marlene Hanks is Project Consultant, Continuing Education Department, St. Louis Community College. For further information contact Jeffrey Bassin at the Productive Living Board, 121 Hunter, Suite 200, St. Louis, MO 63124.

Resource List

The following organizations and publications may be useful to direct service staff trainers and supervisors as they identify resources to assist in training efforts.

Organizations

- **American Society for Training and Development,** National Office, 1640 King Street, P.O. Box 1443, Alexandria, VA 22313, (703) 683-8100.
- **Association for Persons in Supported Employment**, P.O. Box 27523, Richmond, VA 23261-7523, (804) 266-6950.
- **National Resource Center for Paraprofessionals in Education and Related Services**, Center for Advanced Study in Education, 25 West 43rd Street, Room 620N, New York, NY 10036, (212) 642-2948.
- **Paraprofessional Training Project,** Institute on Community Integration, University of Minnesota, 6 Pattee Hall, 150 Pillsbury Drive SE, Minneapolis, MN 55455, (612) 626-7220.
- **Residential Direct Service Staff Recruitment, Training, and Retention Project,** Research and Training Center on Residential Services and Community Living, 214 Pattee Hall, University of Minnesota, 150 Pillsbury Drive SE, Minneapolis, MN 55455, (612) 624-6024.
- **Specialized Training Program,** Center on Human Development, University of Oregon, Eugene, Oregon 97403-1235, (503) 346-5513.
- **Training Resource and Information Center (TRIC),** 3075 North Montana, Helena, MT 59620. Contact: Marlene Kennedy, (406) 444-1799.
- **Transition Institute**, University of Illinois, 61 Children's Research Center, 51 Gerty Drive, Champaign, IL 61820, (217) 333-2325.
- **Virginia Commonwealth University, SE TAC**, Box 2011, 1314 West Main Street, Richmond, VA 23284-2011, (804) 367-1851.

Newsletters, Resource Guides, Manuals

- **Behavior Management for Direct Care Staff: A Review of Inservice Training Materials**. (1989). Published by the Institute on Community Integration, University of Minnesota, 109 Pattee Hall, 150 Pillsbury Drive SE, Minneapolis, MN 55455, (612) 624-4512.
- **Competency-Based Training for Supported Employment Personnel: Training Manual and Instructor's Guide. (1990)** Published by the Institute on Community Integration, University of Minnesota, 109 Pattee Hall, 150 Pillsbury Drive SE, Minneapolis, MN 55455, (612) 624-4512.
- **Creative Training Techniques: A newsletter of tips, tactics, and how-to's for delivering effective training.** Published by Lakewood Publications, 50 South 9th Street, Minneapolis, MN 55402, (612) 333-0471, (800) 328-4329.
- **Print and Media Resources for Supported Employment Personnel.** (1990). Published by the Institute on Community Integration, University of Minnesota, 109 Pattee Hall, 150 Pillsbury Drive SE, Minneapolis, MN 55455, (612) 624-4512.

Journal Articles and Books

- Administration on Developmental Disabilities, Office of Human Development Services, U.S. Department of Health and Human Services. (1991). Training initiative projects: Abstracts of funded grants for fiscal year 1990. Silver Springs, MD: American Association of University Affiliated Programs for Persons with Developmental Disabilities.
- Christian, W.P., & Hannah, G.T. (1983). Effective management in human services. Englewood Cliffs, NJ: Prentice Hall.
- Christian, W.P., Hannah, G.T., & Glahn, T.J. (Eds.). (1984). Programming effective human services: Strategies for institutional change and client transitions. New York: Plenum Press.
- Gardner, J.F., & Chapman, M.S. (1985). Staff development in mental retardation services: A practical handbook. Baltimore: Paul H. Brookes.
- Kaiser, A.P. & Worter, C.M. (1990). Preparing personnel to work with persons with severe disabilities. Baltimore: Paul H. Brookes.
- Wehman, P., & Moon, S. (1988). Vocational rehabilitation and supported employment. Baltimore: Paul H. Brookes.
- Winking, D.L., DeStefano, L., Rusch, F.R. (1988). Supported employment in Illinois: Job coach issues. University of Illinois at Urbana-Champaign: Secondary Transition Intervention Effectiveness Institute.

AAUAP National Outreach Training Directors' Council

The following is a list of the National Outreach Training Directors' Council of the American Association of University Affiliated Programs (AAUAP). Readers can contact the University Affiliated Program (UAP) in their area to identify training opportunities or training materials offered by the UAP.

- **Alabama**: Fred Biasini, Sparks Center, University of Alabama/ Birmingham, (205) 934-1066
- **Arkansas**: Judith M. Holt, University of Arkansas UAP, Little Rock, (501) 320-3760
- **Arizona**: Richard Carroll, Institute for Human Development, Northern Arizona University, Flagstaff, (602) 523-4791
- **California**: Maria Poulsen, Child Development/DD Center, Los Angeles, (213) 669-2300
- **California**: Olivia Unger, UCLA MR/DD Training Program, Los Angeles, (213) 825-0170
- **Colorado**: Hal Lewis, JFK Child Development Center, University of Colorado, Denver, (303) 270-7386
- **Connecticut**: Eileen M. Furey, A.J. Papanikou Center on Special Education & Rehabilitation - UAP, East Hartford, (203) 486-4034
- **District of Columbia:** Nancy Striffler, Georgetown Child Development Center, (202) 687-8784
- **Florida**: Terri Urbano, Mailman Center, University of Miami School of Medicine, (305) 547-6801
- **Georgia**: Claire Clements, University Affiliated Program, University of Georgia, Athens, (404) 542-3960
- **Hawaii:** Nancy B. Ratokalau, Hawaii UAP/UH Manoa, Honolulu, (808) 956-5009
- **Iowa**: Robert Bacon, Iowa UAP, University Hospital School, Iowa City, (319) 356-1336
- **Idaho**: Sally Burton, University of Idaho Center on Developmental Disabilities, Moscow, (208) 885-7086
- **Illinois**: William J. Schiller, UAP for DD, University of Illinois/Chicago, Chicago, (312) 413-1536
- **Indiana**: Vicki C. Pappas, Institute for the Study of DD, Indiana University, Bloomington, (812) 855-6508
- **Indiana**: Lann E. Thompson, Indiana UAP, Riley Child Development Center, Indianapolis, (317) 274-8167
- **Kansas**: Judith Thiele, Kansas UAP-Kansas University Medical Center, Kansas City, (913) 588-5904
- **Kansas**: Stephen R. Schroeder, Kansas UAP, Parsons, (316)421-6550
- **Kansas**: Daniel L. Smith, Kansas UAP-University of Kansas, Lawrence, (913) 864-4950
- **Kentucky**: Karen L. Middendorf, International Human Development Institute, University of Kentucky, Lexington, (606) 257-3465
- **Louisiana**: M. Patricia Brockman, Human Development Center Louisianna State University Medical Center, New Orleans, (504) 942-8305
- **Louisiana**: Martha Gahagan, Children's Center-Louisianna State University Medical Center, Shreveport, (318) 227-5106
- **Massachusetts**: Mary Challela, DNSC, Shriver Center UAP, Waltham, (617) 642-0268
- **Massachusetts**: David T. Helm, Developmental Evaluation Center, Boston, (617) 735-6501
- **Maryland**: Michael Chapman, Kennedy Institute, Baltimore, (301) 550-9700
- **Maine:** James A. Hirschfield, UAP Children's Program-E Maine Medical Center, Bangor, (207) 945-7572
- **Michigan**: Karen Wolf-Branigin, DD Institute-Wayne State University, Detroit, (313) 577-2654
- **Minnesota**: Teri Wallace, Institute on Community Integration, University of Minnesota, Minneapolis, (612) 626-7220
- **Missouri:** Frank Nell, University of Missouri/KC, Kansas City, (816) 276-1745
- **Mississippi:** Stella Fair, Mississippi UAP-University of Southern Mississippi, Hattiesburg, (601) 266-5163
- **Montana:** Mike Jakupcak, Rural Institute on Disabilities, Missoula, (406) 243-5467
- **Montana**: Neala Rousch, Montana Center for Handicapped Children, Eastern Montana College, Billings, (406) 657-2312
- **North Carolina:** Cathee Huber, Clinical Center/Study of Development/Learning, Chapel Hill, (919) 966-5171
- **North Carolina:** Greg Olley, Clinical Center, Study of Development/ Learning, Chapel Hill, (919)966-5171
- **North Dakota**: Brent Askvig, North Dakota Center for Disabilities, Minot State University, (701) 857-3580
- **Nebraska**: Joseph Evans, Meyer Rehabilitation Institute, University of Nebraska Medical Center, Omaha, (402) 559-6408

- **New Jersey:** Mary Moynihan, UAP/ Robert Wood Johnson Medical School, Piscataway, (201) 463-4447
- **New Mexico**: Meave Stevens-Domi, New Mexico UAP, Albuquerque, (505) 272-3000
- **New York**: Marilyn Klein, Mental Retardation Institute/UAP, Westchester, Valhalla, (914) 285-8189
- **New York**: Harvey H. Mar, Developmental Disabilities Center-St. Lukes/ Roosevelt, Columbia University (212) 523-6230
- **New York**: Ruth Messinger, UAPPD/ U of Rochester Medical Center, Rochester, (716) 275-4337
- **New York**: Michael E. Msall, Robert Warner Rehabilitation Center/ Children's Hospital of Buffalo, Buffalo, (716) 878-7595
- **New York**: Donald Snider, Institute for Basic Developmental Disabilities Research, Staten Island, (718) 494-5299
- **New York:** Susan Vig, Rose F. Kennedy Center/Einstein College of Medicine, Bronx, (212) 430-2445
- **Ohio**: Yvonne B. Fryberger, Cincinnati Center for Developmental Disabilities, Pavillion Building, Cincinnati, (513) 559-4639
- **Ohio**: Johannes Rojahn, The Nisonger Center, Columbus, (614) 292-9670
- **Oregon**: Debra Eisert, Center on Human Development Clinical Services Building, Eugene, (503) 686-3585
- **Oregon**: Russell Jackson, University of Oregon Health Sciences /Child Development/Rehabilitation Center, Portland, (503) 494-8320
- **Pennsylvania**: Denise Brown Baker, Institute on Disabilities, Temple University, Philadelphia, (215) 787-3862
- **Rhode Island**: Debra Lobato, Child Development Center, Rhode Island Hospital, Providence, (401) 277-8299
- **South Carolina**: Gerald Mahoney, UAP Program of South Carolina, Rock Hill, (803) 323-2244
- **South Dakota**: Deb Price-Ellingstad, South Dakota UAP/Center for Developmental Disabilities, University of South Dakota, Vermillion, (605) 677-5311
- **Tennessee**: Judy Powell, Boling Center for Developmental Disabilities, University of Tennessee, Memphis, (901) 528-6505
- **Texas**: Alan Bird, University Affiliated Center/University of Texas Southwestern Medical Center, Dallas, (214) 688-7117
- **Utah**: Richard P. West, Center for Persons with Disabilities, Logan, (801) 750-3091
- **Virginia**: Susan Neal, Virginia Institute for Developmental Disabilities/Virginia Commonwealth University, Richmond, (804) 225-3876
- **Washington**: Nuhad Dinno, CDMRC/University of Washington, Seattle, (206) 685-1350
- **Wisconsin:** George Jesien, Waisman Center UAP/University of Wisconsin, Madison, (608) 263-5254
- **West Virginia**: Sherry Wood-Shuman, University Affiliated Center for Developmental Disabilities/West Virginia University, Morgantown, (304) 293-4692

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for agency technical assistance from the university's circuit rider; and the need to increase the emphasis on preservice training in the Department of Human Services (DHS). Additional proactive DHS support for funding is also needed; current policies only support training costs for full-time staff, and employ simplistic ratios for funding staff trainers. A final enhancement of the program involves developing criteria for staff members who have completed certification. Currently state policy only requires a certain level of certification, and only for full-time staff. No expectations are set for continued recertification and/or training. Related to this "qualification" issue is the need to better reconcile the prior work experiences and academic accomplishments of incoming direct service staff members with the certification criteria.

The positive aspects of the statewide training system currently outweigh any of the pitfalls that exist. Throughout the past eight years, steady growth in the scope and quality of the program have been experienced. Furthermore, the implementation of the systematic training program has likely minimized the impact of agency turnover in direct service positions. Analysis of exit interviews show that the majority of staff members felt they were well-trained for the work they performed. The real impetus for continuing to make the training program successful will come from service providers. They are the ones who translate a knowledge and skills-based training program into a relevant hands-on experience for staff members who work directly with individuals with mental retardation/developmental disabilities.

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- Current training approaches are insufficient and disorganized, and skilled trainers are not available or equipped to conduct ongoing training programs at the local level.
- Few incentives have been established to encourage direct service staff to enter and remain employed in residential, special education, and employment programs.

The quality of community services delivered to persons with disabilities and their families will, in the coming years, depend on the ability of educational, employment, and residential service agencies to effectively address these issues in training their direct service personnel.

■ Need for More Training and Experience

One of the training challenges facing agencies is the need for more training and experience for direct service staff. The magnitude of the need can be understood by looking at the results of surveys conducted in the educational, employment, and residential services areas.

Over the past two decades, changes in legislation and public policy, evidenced initially by Public Law 94-142 and most recently by the Individuals with Disabilities Education Act of 1991, have led to dramatic changes in the delivery of special education and related services to students and families. As services for children and youth with disabilities have expanded, so have the roles and responsibilities of paraprofessionals in education programs. The result has been a dramatic increase in their involvement in classrooms and community training environments. Nationally, the number of paraprofessionals has increased by more than 120,000 during the last 10 years. Much of the training paraprofessionals receive for these new responsibilities is obtained through on-the-job experiences and from interactions with their supervising teachers. In a 1990 survey of special education paraprofessionals in Minnesota, 65% indicated that their highest degree obtained was a high school diploma. The most common types of training received by these paraprofessionals were on-the-job training, training from supervising teachers, and inservice training through the school district. Few of these paraprofessionals had taken university or community college courses. Overall, 93% indicated that they needed additional training to be successful in their jobs.

In the employment service system, the 1986 amendments to the Rehabilitation Act of 1973 established supported employment as a permanent program of federal and state vocational rehabilitation programs for persons with severe disabilities in the United States. Since its inception, supported employment has been embraced by state policymakers and local service providers as the most viable service option for enabling persons with severe disabilities to achieve substantial employment.

Despite enthusiastic and rapid acceptance of supported employment, broader implementation continues to be plagued by a lack of qualified personnel to staff newly emerging programs. Direct service personnel - sometimes referred to as *job coaches* or *employment training specialists* - are often regarded as the "cornerstone" of employment programs. It is these direct service staff who presently have the most contact, influence, and responsibility with persons with severe disabilities in community employment settings. Furthermore, these direct service staff presently represent more than 70 percent of all personnel involved in the direct implementation of supported employment services. A 1988 survey of job coaches in Illinois identified the educational qualifications of 144 individuals actually hired as job coaches from January 1986 to January 1987 in 31 supported employment programs. They found an equal split between those with high school diplomas as their highest degrees and those with bachelor's degrees in related fields. Fewer than 5% had master's degrees.

The residential service system has undergone tremendous change in the last 25 years. Spurred by parent and professional advocacy, legislative action, and precedent setting court cases, the number of people living in institutions has dropped by over 100,000 in the last 25 years. Today, over 150,000 people with mental retardation live in small community residential settings. The residential service system that was once centralized and based in state operated institutions is now decentralized. Different types of community settings such as small group homes, supported living arrangements, semi-independent living arrangements, and foster homes are increasingly being made available to individuals with disabilities living in the community. These changes in the residential service system have significant implications for the more than 250,000 residential direct service staff members. The people who fill direct service staff positions in residential settings are mostly female, with about half having had prior experience with persons with mental retardation. Less than half have taken coursework on mental retardation, and few possess a post-secondary degree or certificate. As residential services have become more decentralized, the amount of supervision available has decreased while direct service staff members have taken on greatly increased responsibilities.

■ Need to Identify Competencies

Training program standards and requirements must be grounded in evaluations of the minimal job competencies staff must possess in order to adequately carry out their job functions. At present, there is considerable debate over the specific job competencies direct service staff need to effectively work with persons with severe disabilities in community programs. Several recent efforts have been initiated to define the job functions of direct service personnel in a variety of settings. However, attempts to validate these job functions with actual observations and analyses of what a

direct service staff person does on a day-to-day basis have not systematically occurred. Furthermore, the assignment of direct service staff to specific programs is seldom based on a thorough understanding of the competencies and skills needed by these personnel to perform satisfactorily. This has led to erroneous placement decisions resulting in needless job dissatisfaction, personal frustration, inadequate performance, and high turnover among direct service personnel nationally. In the absence of nationally or locally validated job competencies it is essential that states, as well as regions within states, conduct thorough evaluations to identify needed job competencies and skills. Documentation of these competencies is of critical importance in designing training programs, placing direct service staff into specialized roles in programs, and evaluating their performance over time.

■ Need for Greater Training Availability

Direct service staff presently receive little or no systematic training. Size and location of employment, education, and residential programs within states are two factors that impact the amount, type, and quality of training staff receive. Large urban programs typically provide more training than do smaller programs in rural communities. Improved cooperation between programs serving people with disabilities is needed as are locally based post-secondary training programs to plan and deliver training.

■ Need for Improved Local Training

Program managers must create work environments that promote the development and maintenance of staff skills. There is little evidence that community service agencies systematically and effectively address internal staff development needs. Recent research has indicated that staff training endeavors are frequently insufficient to improve performance in day-to-day work situations. There currently is no adequate way to ensure a uniform quality of care because there is no systematic or consistent approach in the delivery of training guided by mutually agreed upon requirements and standards. Furthermore, agency-level staff development programs often rely upon outside consultants or trainers who spend short periods of time with providers and leave the community not knowing whether staff have developed the skills necessary to improve their job performance. These types of training efforts are also costly to run and do little to build the capacity of service providers to address staff training needs on an ongoing basis.

■ Need for Incentives

Low pay, wide variation in work demands, and lack of effective staff training are commonly cited as causes of high employee turnover among direct service staff. This is presently causing program inefficiencies and dramatic cost escalation in recruitment and training. A nationwide survey of 2,000 community residential program administrators found that personnel management - including recruitment of qualified staff, reduction of turnover rates, and staff training - was the most frequently identified problem.

■ Implications for the Future

As services to persons with disabilities are becoming increasingly community based, the roles of direct service staff are changing. With that change comes the need for additional education and training, which can have numerous implications for those involved.

One such area of change is the selection of direct service staff competencies. Often competencies are identified for staff working in specific programmatic areas (e.g., employment) rather than defining the core competencies across programmatic service delivery areas. Shifting to use of core competencies could further the development of high quality training for a broader audience, affecting training delivery in the following ways:

- Funding for core competency training might be shared across service providers because the training would relate to most direct service staff.
- Training delivery options might be more decentralized due to larger numbers of participants who need to be trained in decentralized areas.
- A set of standards or requirements based on core competencies might be developed and lead to certification or licensure. This could professionalize direct service positions and enable staff to build careers.

Another change with many implications is the phenomenal growth in community programs that is anticipated to create a labor shortage in direct service during the next few years. This will lead to the need to develop appropriate and meaningful incentives to encourage direct service staff to participate in training opportunities. Incentives may include increasing salaries, professionalizing direct service positions, and developing career ladders.

Although many activities currently address the training needs of direct service staff, it is clear that many challenges still face service agencies seeking to develop a well-trained workforce. Addressing the issues identified in this article is one way to begin striving to reach the level of training needed to enhance the quality of services and community integration opportunities for persons with disabilities.

Teri Wallace is Outreach Training Coordinator, and David R. Johnson is Associate Director for Services, both with the Institute on Community Integration, University of Minnesota.

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IMPACT
Feature Issue on Training of Direct Service Staff
March 1992

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The missions of the Center and Institute are to apply their resources to improve the quality and community orientation of professional services and social supports available to individuals with disabilities and their families. Efforts are directed at facilitating the independence of citizens with disabilities and their social integration into the mainstream of community life. Inquiries about the Center, Institute or IMPACT can be directed to:
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